

Chapter 34

Regulating Personal Care Homes for Resident Health and Safety

1.0 MAIN POINTS

The Ministry of Health (Ministry) is responsible for regulating personal care homes in the province. This requires licensing and inspecting of personal care homes. Personal care homes are privately-owned facilities that provide accommodation, meals, and personal care to senior residents. Saskatchewan has about 245 licensed personal care homes.

For the period April 1, 2011 to August 31, 2012, we found the Ministry did not have fully effective processes to regulate personal care homes. The Ministry did not have a formal process for identifying and inspecting high-risk personal care homes more frequently. During April 2011 to April 2012, the Ministry inspected personal care homes about every two years. As a result, the Ministry issued licenses without recently inspecting personal care homes. After April 2012, the Ministry began inspecting or visiting personal care homes every year.

The Ministry documented inspection results but did not have a good system for tracking and following up problems identified during inspections. When problems are identified through inspections, the Ministry needs to follow up with the identified personal care home to ensure that the problems have been sufficiently addressed. We noted instances where problems identified through inspections continued for more than two years. We provided the Ministry with five recommendations, for the Ministry to:

- › Use a risk-based approach to inspect high-risk personal care homes more frequently
- › Provide guidance for its staff to assist in determining when to conduct unannounced inspections of high-risk personal care homes
- › Provide written guidance to staff for consistent and prompt follow-up of personal care homes that do not comply with actions required after inspections
- › Use a system to track personal care home inspection dates, non-compliance issues, required actions, and dates that personal care homes complete these actions
- › Publicly report inspection results when personal care homes do not comply with *The Personal Care Homes Act, 1991*

2.0 INTRODUCTION

The Department of Health Act, 1978 (Act) makes the Ministry of Health responsible for developing, coordinating, and maintaining comprehensive healthcare services; developing adequate material and human resources for healthcare; and recommending (to Cabinet) programs to meet healthcare needs. In short, the Ministry is responsible for the oversight of healthcare in Saskatchewan.



In Saskatchewan, people who need help to care for themselves have options that vary according to their needs. While living in their own home, a person may arrange for home care through their Regional Health Authority (RHA) or through private services to receive meals, some household cleaning, and/or help to bathe. As people need more help, they may move to:

- › Assisted living facilities (meals, accommodations, activities)
- › Special care homes (long-term residential care for ill or disabled people)
- › Personal care homes (meals, accommodations, activities, and personal care including assistance with medications if needed)

Assisted living facilities for seniors are not regulated or funded by the Government. Residents arrange for home care services themselves, as they would when living in their own home.

Special care homes are regulated and the Government provides the majority of funding for long-term care through RHAs. Prior to admission, RHAs arrange for health professionals to assess the current care needs and mobility of people seeking long-term care. This helps ensure that people receive the level of care they require. The amount that residents pay for long-term care varies based on income and provincial guidelines.

Personal care homes are regulated by the Government through the Ministry of Health, and residents may receive funding through the Ministry of Social Services, as explained in Section 3.0. Personal care homes are facilities that provide accommodation, meals and personal care to residents. *The Personal Care Homes Regulations, 1996* define personal care as “direct assistance to, or supervision of, a resident in performing activities of daily living, including the administration of medication.” Unless the person receiving care is a relative of the owner/operator or receiving care under another authority, all facilities that provide accommodation, meals, and personal care must be licensed by the Ministry of Health.

People using personal care homes are vulnerable due to age, disability, and/or inability of family and other supporters to manage their care. In 2011, Saskatchewan had 75,380 people aged 75 and over, and more than 145,000 people with at least one disability.¹ In 2011-12, about 3,200 Saskatchewan people lived in privately-operated, licensed personal care homes. We audited whether the Ministry effectively regulates personal care homes to ensure that these vulnerable people receive safe care.

3.0 BACKGROUND—PERSONAL CARE HOMES

The Personal Care Homes Act, 1991 and *The Personal Care Homes Regulations, 1996* give the Ministry authority to license and inspect privately-funded personal care homes in the province. The Ministry is responsible for setting licensing requirements and standards for personal care homes including the training required to provide safe care. The Ministry is also responsible for inspecting personal care homes to ensure they meet established standards.

¹ Statistics Canada. 2011 Census.

The Ministry has four personal care home standards consultants (staff) who license and monitor personal care homes and one additional position dedicated to investigating complaints. These Ministry staff review applications, inspect and license homes, and investigate about 65 complainants or 100 issues annually.

During 2011-12, Saskatchewan had 245 licensed personal care homes (**Figure 1**). Typically, each personal care home has about 10 residents, although there are some with as few as one resident and others with over 100 residents.

Figure 1 – Personal Care Homes and Licensed Bed Capacity by RHA

Regional Health Authority	Licensed Personal Care Homes	Licensed Bed Capacity
Cypress	5	86
Five Hills	8	325
Heartland	6	56
Keewatin Yatthé	0	0
Kelsey Trail	2	25
Mamawetan Churchill	1	10
Prairie North	5	42
Prince Albert Parkland	27	354
Regina Qu'Appelle	76	893
Saskatoon	93	945
Sun Country	8	225
Sunrise	14	248
Total	245	3,209

Source: Ministry of Health Personal Care Homes Registry

Residents of personal care homes have varied care needs. Some residents have light care needs (e.g., require meals, encouragement to be physically active, reminders for correct and timely medications). Some residents are disabled adults or seniors with moderate to heavy care needs (e.g., help with bathing, skin care, getting into a wheel chair, taking medications). Residents may also need help due to complex health conditions (e.g., chronic illnesses such as diabetes, dementia, recovering from stroke).

Residents pay to live in a personal care home and they expect that the care received in a licensed home will be safe. The cost generally ranges from \$1,000 to \$4,000 per month and is set by each facility without review by the Ministry (the current legislation does not require review of fees). Some residents living in licensed personal care homes are eligible for an income “top up” from the Ministry of Social Services to help cover accommodation costs (up to \$1,800 a month). For example, if a senior resident’s monthly income is \$1,500 per month and the licensed home’s fee is more than this, the resident might receive an additional \$300 per month to enable them to stay in a personal care home.



4.0 AUDIT OBJECTIVE, SCOPE, CRITERIA, AND CONCLUSION

The objective of this audit was to assess whether the Ministry of Health had effective processes to regulate personal care homes in accordance with *The Personal Care Homes Act, 1991* and regulations for the period from April 1, 2011 to August 31, 2012.

To conduct this audit, we followed the *Standards for Assurance Engagements* published in the *CICA Handbook - Assurance*. To evaluate the Ministry of Health's processes, we used criteria based on the work of other auditors and current literature listed in Section 6.0. The Ministry agreed with the criteria (see **Figure 2**).

In Section 5.0, we set out our key findings and recommendations related to the criteria in **Figure 2**. We based our findings on our examination of the Ministry's policies, processes, directions to staff, relevant communications to personal care homes, etc. We also examined personal care home files, attended inspections of personal care homes, observed the investigation of a complaint, and assessed files documenting investigation of complaints.

Figure 2—Audit Criteria to Regulate Personal Care Homes

To have effective processes to regulate personal care homes in accordance with *The Personal Care Homes Act, 1991*, the Ministry of Health should:

- 1. License personal care homes**
 - 1.1 Verify applicants meet requirements
 - 1.2 Issue appropriate licenses
 - 1.3 Communicate standards to licensees
 - 1.4 Resolve disputes about licenses
- 2. Monitor compliance with personal care home standards**
 - 2.1 Set risk-based priorities for compliance monitoring
 - 2.2 Identify non-compliance (e.g., inspect care homes, conduct surveys)
 - 2.3 Investigate complaints about personal care homes
 - 2.4 Update monitoring schedule to reflect risk (e.g., frequently inspect homes with previous complaints)
- 3. Address identified non-compliance**
 - 3.1 Require action on non-compliance
 - 3.2 Escalate action on continued non-compliance
 - 3.3 Inform residents and their family of non-compliance
 - 3.4 Report non-compliance to Minister and the public

During April 1, 2011 to August 31, 2012, the Ministry of Health did not have fully effective processes to regulate personal care homes in accordance with *The Personal Care Homes Act, 1991*. As such, it needs to perform more timely inspections of high-risk personal care homes. As well, when problems are identified through inspections, the Ministry needs to follow up sufficiently with the identified personal care homes to ensure the problems have been satisfactorily addressed.

Up until April 2012, personal care homes were inspected about every two years and the renewal of personal care homes licenses was not coordinated with personal care home inspections. On April 1, 2012, during the period we audited, the Ministry implemented a new process for relicensing personal care homes. This new process requires the Ministry to inspect personal care homes prior to renewing licenses.

5.0 KEY FINDINGS AND RECOMMENDATIONS

5.1 Personal Care Homes Licensed

Upon receiving inquiries about obtaining a license from an individual or organization to operate a personal care home, the Ministry explains the process and provides extensive information about the legislative requirements. The owner of a personal care home is typically the one licensed by the Ministry. The owner of the personal care home may operate it themselves (as an owner/operator), or may hire someone to operate the home on their behalf.

The Ministry requires potential owner/operators to attend a 1.5 day orientation workshop about what is required to operate a licensed personal care home. Some people decide they cannot meet the requirements and withdraw their application for a license.

When the Ministry receives an application to license a personal care home, it uses a checklist to ensure no required documents are missed. Accepted applications contained evidence of key requirements (e.g., evidence of training having been taken, appropriate references).

After assessing an applicant's eligibility (e.g., space, kitchen, fire exits, staffing), Ministry staff inspect homes before granting new licenses. The Ministry issues new licenses soon after this inspection, usually within a month of the pre-licensing inspection. The Ministry generally licenses about 16 new homes each year. In some cases, new licenses may have conditions. For example, a home without exit alarms on doors may not be allowed to have residents who are at a risk of wandering. Similarly, a home without sufficient qualified staff could receive a conditional licence that restricts it from admitting residents requiring heavier care. These conditions ensure that homes receive licenses that are appropriate for the level of care that they can provide.

Once a home is operating, the Ministry consistently communicates with owner/operators about its regulations and detailed care standards. The standards are on its public website and in information packages given to owner/operators. In addition, the Ministry communicates the regulations and standards to staff in personal care homes through handbooks, workshops, and during inspections.

Licenses are in effect typically for one year. Until April 2012, each license usually expired on March 31 and the Ministry renewed licenses using a paper-based application process without physically inspecting each home. The renewal process required owner/operators to self-inspect and submit information to the Ministry. Information submitted included the self-inspected checklist, fire inspection reports, and criminal record checks. The Ministry followed up on non-compliance issues identified through self-inspections. However, because the Ministry did not inspect all homes before renewing licenses in the past, personal care homes with problems might have continued to be licensed when problems warranted additional conditions on the license or license revocation.

In April 2012, the Ministry adjusted its relicensing process. After April 2012, the Ministry renews licenses only after inspections have taken place. This is a significant



improvement to the process. Conducting inspections prior to renewing each license will help ensure regulations and detailed care standards continue to be met.

If an applicant disputes a licensing decision initially or upon renewal (e.g., if the Ministry puts a condition on a license), the Ministry's written policies and procedures guide staff in resolving the dispute. While there were no disputes that occurred in our audit period, we noted evidence that the Ministry followed these policies in previous years.

In addition to the Ministry of Health's licensing process, regional health authorities help to monitor that residents of personal care homes receive appropriate care. Regional health authorities assign care professionals (e.g., nurses, social workers) to assess residents' care requirements when they are admitted to a personal care home and re-assess the care required every two years. If residents require more care for short periods (e.g., due to an injury or illness), home care staff provide the required additional professional care. In either case, the regional health authority staff may recommend that the resident receive a higher level of care, possibly requiring a move to another facility.

5.2 Identify and Inspect High Risk Homes More Frequently

The Ministry of Health uses routine inspections and investigations to monitor whether personal care homes comply with required standards. Staff inspect some homes more often based on their knowledge of the homes, but the Ministry has not developed a plan that outlines homes that should be inspected more frequently based on risk.

The Ministry has a checklist that staff use for inspections. The checklist ensures staff assess whether the operation of the home complies with the *Personal Care Homes Act, 1991* and the related standards. Using the checklist, Ministry staff inspect a number of areas as set out in **Figure 3**.

Figure 3—Summary of Areas Covered During Inspections of Personal Care Homes

- › Admission (e.g., Is there an admission agreement in place for each resident with details of care and accommodations included?)
- › Resident needs assessments (e.g., Is the personal care home requesting resident assessments by the regional health authority every two years and when care needs change?)
- › Resident care (e.g., Are residents being encouraged to be independent; do recreational activities reflect residents' interests?)
- › Staffing component (e.g., Is the staffing level sufficient to meet resident's care needs? Do homes with 31 or more residents have a health care professional (e.g., nurse on staff?)
- › Medications (e.g., Are medications securely stored; all expired or unused medication returned to the pharmacy?)
- › Food preparation (e.g., Is food stored, prepared, cooked and served to prevent or minimize risk of illness? Are all food records kept for one year?)
- › Resident records (e.g., Do all residents have records being maintained; have serious incidents been reported to the Ministry?)
- › Rights and privileges of residents (e.g., Are residents' rights and privileges posted? Does communication with residents' supporters occur twice a year?)
- › Occupancy requirements (e.g., Are all exits clear, safe and in working condition? Are toilets and bathrooms well ventilated and private?)
- › Health and safety (e.g., Are carbon monoxide and fire detectors installed? Is there a first aid kit present?)
- › Discharge of residents (e.g., Have discharge forms been completed for all residents that were discharged from the home?)

Source: Ministry of Health inspection tool.

Staff schedule routine inspections and do not usually make unannounced inspections. During the inspection, Ministry staff discuss the home's practices with the owner and the operator to analyze their knowledge of expected practices and explain findings at the conclusion of the inspection.

The Ministry's policies require personal care homes to be inspected regularly—within 24 months prior to April 1, 2012 and inspected or visited within 12 months after April 2012. Of those homes licensed prior to 2012, we found the Ministry inspected 48% of the personal care homes we sampled within 24 months and 15% had more than 30 months between inspections. Some personal care homes that the Ministry inspected still had the same problems that were found in the previous inspection. That is, the two most recent inspections identified the same concerns (e.g., water temperature too hot, medications not recorded properly, fire exit blocked). Between April 2012 and October 2012, the Ministry inspected almost 120 of the 245 personal care homes.

The Ministry does not specifically direct its staff to identify a personal care home that may require more frequent inspections to ensure the home complies with required standards. Without written direction, staff might not assess the risks consistently in determining whether more frequent or unannounced inspections are needed. Without more frequent inspections of homes at high risk, vulnerable residents may be left in unsafe situations for long periods. Some personal care homes repeatedly do not comply with some aspects of *The Personal Care Homes Act, 1991* and its regulations.

1. We recommend that the Ministry of Health use a risk-based approach to inspect high-risk personal care homes more frequently.

2. We recommend that the Ministry of Health provide guidance for its staff to assist in determining when to conduct unannounced inspections of high-risk personal care homes.

The Ministry thoroughly investigates complaints about licensed personal care homes. Most of the complaints received each year relate to food and lack of activities within the home. After documenting the details of the complaint, Ministry staff inspect the home (sometimes unannounced) and interview owner/operators, staff, and residents to gain their perspectives. Staff review resident records, observe how the home is operated, document findings, and report whether the complaint is supported by the evidence. The Ministry then decides if corrective action such as further training is required, or if the license should be conditional or revoked.

5.3 Require Timely Follow up if Care Homes Do Not Comply with Standards

If a Ministry inspection or investigation finds that a personal care home is not complying with standards, staff leave an "action sheet" that requires the operator to take action by a set date. We observed many action sheets that required the owner/operators to take over ten actions to improve safety and quality of care. The required actions ranged from



improving documentation (e.g., note what vegetable was served at mealtime), to health issues (e.g., lack of hand soap, lack of activities), to urgent safety issues (e.g., inadequate medication storage, blocked fire escape, excessively hot water). The Ministry requires owner/operators to inform the Ministry when required actions have been taken but does not always follow up if the owner/operators do not respond. We noted a few situations where problems with safely administering and recording medications continued for several years.

The Ministry also identified medication errors as a continuing problem for many personal care homes. To address the problem, in 2012, the Ministry created a medication training module that owner/operators are required to take and pass. In the future, it will be available electronically, but in August 2012, personal care home operators submitted paper tests to be marked by Ministry staff. The training is taken until a passing grade of 95% is achieved.

The Ministry communicates to staff that residents should be protected from harm. However, it does not rank risks or communicate which types of non-compliance should be of greatest concern or which homes to inspect most often. Individual staff decide how often and when to make an unannounced inspection. We saw only one instance where an unannounced inspection took place after problems were identified. Without written guidance, staff may not treat risks consistently in all homes and some residents could be exposed to serious risks over long periods.

The Ministry uses informal discussions to guide staff when they follow up on problems where personal care homes do not comply with required actions and standards. Without written guidance, the same problems may be handled differently, even in similar situations. Similar problems should result in similar required actions with similar timeframes for follow up. For example, concerns about cleanliness or lack of nourishing food could require an unannounced inspection; a blocked fire exit could require a referral to the local fire department. Lack of written guidance could result in inconsistent follow-up of outstanding problems in personal care homes. This increases the risk of serious problems continuing, ultimately compromising the care and safety of personal care home residents.

3. We recommend that the Ministry of Health provide written guidance to staff for consistent and prompt follow-up of personal care homes that do not comply with actions required after inspections.

The Ministry has formal processes that require owner/operators to comply with the regulations and standards when it identifies severe problems after inspections or investigations. The Ministry requires its staff to escalate actions if a home's owner/operator does not respond to communication.

If an owner/operator does not respond by completing required actions, the Ministry sends a formal letter re-stating the required actions, due dates, and potential consequences (e.g., conditions added to license, license withdrawn). For example, if a home does not have adequate staff to provide care for residents with heavy care needs, the Ministry makes the license conditional on the home accepting only residents who have light care needs. If a very serious problem continues, and/or the safety of residents

is at immediate risk, the Ministry revokes the license. Between April 2011 and August 2012, the Ministry revoked the license of one personal care home.

As noted above, we found instances where the most recent inspection identified the same or similar problem as identified in previous inspections. The Ministry does not have a central log or record of significant issues/problems for each personal care home. The Ministry's ability to escalate actions to enforce standards is less consistent and timely without a central record (e.g., on an electronic spreadsheet). Without easily accessible information, the Ministry must rely on its staff to remember or search extensive paper records to outline the history of a particular home. A centralized record would help the Ministry efficiently identify risks and take timely actions to enforce compliance with the regulations.

With a paper-based record system, it is challenging for staff to track all of the required actions in all 245 personal care homes. This is particularly true as the required actions range from minor issues to important actions to protect resident safety. The Ministry does not have a good system to help staff keep track of outstanding problems in each home. The Ministry does not yet have an electronic log of all actions required.

4. We recommend that the Ministry of Health use a system to track personal care home inspection dates, non-compliance issues, required actions, and dates that personal care homes complete these actions.

The family and supporters of residents rely on the Ministry to ensure that personal care homes are safe and provide adequate care for their loved ones. Owner/operators are required to inform the Ministry and the supporters about any serious incidents (such as a fall or medication error) involving a resident. If the Ministry finds a significant risk of harm to residents, it takes the necessary steps to inform family or supporters about the matter. For example, the Ministry may work with residents, supporters and regional health authorities to find new accommodations for residents if a personal care home is no longer able to provide adequate care. The Ministry reports to the Minister if a license is revoked or there is a serious issue of non-compliance.

Through its website, the Ministry informs the public whether personal care homes are licensed and if the license has any conditions imposed on it under *The Personal Care Homes Act, 1991*. This allows individuals to identify which homes are able to care for their loved ones (e.g., many homes may not admit residents at risk of wandering).

Management stated that the Ministry is considering publicly reporting on its website some results of its inspections, similar to reporting of public health inspections of eating establishments. This would help residents and their families better monitor the care personal care homes provide and help them to make informed decisions. This additional information also would inform the public about how well personal care homes comply with the standards and regulations. It could motivate prompt response from personal care homes and help to reduce the risk of improper care to these vulnerable residents. We noted that British Columbia, Ontario, and Alberta report the inspection results of seniors' care facilities on public websites.



5. We recommend that the Ministry of Health publicly report inspection results when personal care homes do not comply with *The Personal Care Homes Act, 1991*.

6.0 SELECTED REFERENCES

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